

CK.# _____
AMT _____
DATE _____

KIM HOLLAND, COMMISSIONER
OKLAHOMA INSURANCE DEPARTMENT
P.O. Box 53408 – 2401 NW 23rd, Suite 28
Oklahoma City, Oklahoma 73152-3408
(405) 521-3916

APPLICATION FOR LICENSE AS SURPLUS LINES BROKER

This application must be completed in the applicant's own handwriting. Surplus Lines Broker's licenses are valid for two years, subject to biennial renewal.

1. Name _____
2. Address _____
(Street and PO #) (City) (State) (Zip) (Phone)
3. Date of Birth ____/____/____ Place of Birth _____ SSN ____/____/____
4. Are you currently licensed as an agent by the State Insurance Commissioner of Oklahoma? [] YES [] NO
If yes, please provide your Oklahoma License number(s) _____

If not, an application for Agent's license must be submitted for approval with this application.

5. Have the authorities of any state called you before them for any alleged violation(s) of insurance law? _____ If yes, give details on a separate sheet and attach a certified copy of order issued.
6. Have you entered a consent order with any state insurance authority? _____ If yes, give details on a separate sheet and attach a certified copy of order issued.
7. Do you understand that a surplus lines broker must maintain an office at a designated location in the State of Oklahoma _____; and that a full and true record of each surplus lines contract procured by said broker must be kept therein? _____ (Per Title 36 O.S. §1113)

Please provide the full address of your business location: _____

8. If licensed, do you understand that you must comply with all of the conditions of Okla. Stat. Title 36., Article 11? _____
9. Do you understand that you are required by Title 36 O.S. 36 §1435.38.F to notify the Insurance Commissioner of any change in address as shown on the license as issued within thirty (30) days after the change? [] YES [] NO
10. Do you understand that a quarterly report is required in accordance with Okla. Stat. Tit. 36 O.S. 36 §1107? [] YES [] NO
11. Please attach the following:
 - a. Certificate or other proof of \$100,000.00 Errors and Omissions policy.
 - b. \$5,000.00 Broker's Bond (**Oklahoma Residents Only**)
 - c. \$100.00 Application Fee, payable to the Oklahoma Insurance Department.

NOTARY PUBLIC

I, _____, being first duly sworn, state that I have read the within and foregoing application and the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license; and I will write and receive commissions for the sale of only such insurance for which I am licensed to sell. I hereby realize that an intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation of this license.

State of _____

County of _____

Signature of Officer

Date

Notary Public

My Commission expires: _____

(SEAL)